

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **PEPTIDE INHIBITORS OF HEPATITIS C VIRUS NS3 PROTEASE**, the specification of which [check one(s) applicable]

- was filed 9 June 1999 as International Patent Application Serial No. PCT/GB99/01824, on which U.S. National Stage Application Serial No. 09/719,261 is based; and/or
 was amended by Amendment filed _____ (if applicable); and/or
 is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. §1.56(a)].

CLAIM UNDER 35 U.S.C. §119: I hereby claim foreign priority benefits under 35 U.S.C. §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed:

Prior Foreign Application(s) Appln No.	Country	Filing Date Day-Mon-Year	Priority Claimed Yes - No
9812523.0	Great Britain	10-06-1998	Yes

POWER OF ATTORNEY: As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: **Patrick J. Hagan, Reg. No. 27,643** and **Kathleen D. Rigaut, Ph.D., Reg. 43,047.**

POWER TO INSPECT: I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110

DIRECT INQUIRIES TO: Telephone: (215) 563-4100
Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-00
SOLE OR FIRST JOINT INVENTOR

Full Name Victor G. Matassa
First Middle Last

Signature Victor G. Matassa

Date Feb 9th 2001

Residence Velletri, Rome, Italy
City State or Country

Citizenship U.K.

Post Office Address:

Via Panoramica 44

Street Address

Velletri Rome Italy 00049

City State or Country Zip Code

SECOND JOINT INVENTOR (IF ANY)

Full Name Frank Narjes
First Middle Last

Signature Frank Narjes

Date 27. Feb. 2001

Residence Aviccia Italy
City State or Country

Citizenship German

Post Office Address:

Viale dei Cervi 25

Street Address

Aviccia Rome, Italy 00040

City State or Country Zip Code

THIRD JOINT INVENTOR (IF ANY)

Full Name Konrad Forster Koehler
 First Middle Last

370 Signature Konrad H. Koehler

Date 5 February 2001

Residence Huddinge Sweden SE
 City State or Country

Citizenship U.S.A.

Post Office Address:

Visätrrvägen 27
 Street Address

Huddinge Sweden SE-141 50
 City State or Country Zip Code

FOURTH JOINT INVENTOR (IF ANY)

Full Name Jesus
 First Middle Last

Signature _____

Date _____

Residence _____
 City State or Country

Citizenship _____

Post Office Address:

Street Address

City State or Country Zip Code

FIFTH JOINT INVENTOR (IF ANY)

Full Name Marco Poma
 First Middle Last

Signature _____

Date _____

Residence _____
 City State or Country

Citizenship _____

Post Office Address:

Street Address

City State or Country Zip Code

SIXTH JOINT INVENTOR (IF ANY)

Full Name Antonella Marchetti
 First Middle Last

Signature _____

Date _____

Residence _____
 City State or Country

Citizenship _____

Post Office Address:

Street Address

City State or Country Zip Code

Full Name Konrad First Middle Last Koehler

Signature _____

Date _____

Residence _____
City _____ State or Country _____

Citizenship _____

Post Office Address:

Street Address _____

City _____ State or Country _____ Zip Code _____

Full Name Jesus First Middle Last Ontoria

Signature Jesu M. Ontoria _____

Date 2nd February 2001

Residence BARCELONA State or Country SPAIN ESX
City _____

Citizenship SPANISH

Post Office Address:
C/REMEI, 10-12, ESCALERA A, 1^o-5^a

Street Address _____

BARCELONA SPAIN 08014
City _____ State or Country _____ Zip Code _____

FIFTH JOINT INVENTOR (IF ANY)

Full Name Marco First Middle Last Poma

Signature _____

Date _____

Residence _____
City _____ State or Country _____

Citizenship _____

Post Office Address:

Street Address _____

City _____ State or Country _____ Zip Code _____

SIXTH JOINT INVENTOR (IF ANY)

Full Name Antonella First Middle Last Marchetti

Signature _____

Date _____

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City _____ State or Country _____

Citizenship _____

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SOLE OR FIRST JOINT INVENTOR

Full Name Victor First Matassa Last

Signature _____

Date _____

Residence City State or Country

Citizenship _____

Post Office Address:

Street Address

City State or Country Zip Code

SECOND JOINT INVENTOR (IF ANY)

Full Name Frank First Narjes Last

Signature _____

Date _____

Residence City State or Country

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SOLE OR FIRST JOINT INVENTOR

Full Name Victor Matassa
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address:

Street Address

City State or Country Zip Code

SECOND JOINT INVENTOR (IF ANY)

Full Name Frank Naries
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address:

Street Address

City State or Country

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SOLE OR FIRST JOINT INVENTOR

Full Name Victor First Matassa Last

Signature _____

Date _____

Residence _____
City _____ State or Country _____

Citizenship _____

Post Office Address: _____

Street Address _____

City _____ State or Country _____ Zip Code _____

SECOND JOINT INVENTOR (IF ANY)

Full Name Frank First Narjes Last

Signature _____

Date _____

Residence _____
City _____ State or Country _____

Citizenship _____

Post Office Address: _____

Street Address _____

City _____ State or Country _____ Zip Code _____

THIRD JOINT INVENTOR (IF ANY)

Full Name Konrad
First Middle Last Koehler

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City State or Country Zip Code

FOURTH JOINT INVENTOR (IF ANY)

Full Name Jesus
First Middle Ontoria Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City State or Country Zip Code

5-CD

FIFTH JOINT INVENTOR (IF ANY)

Full Name Marco
First Middle Last Poma

Signature Marco
Date 27 feb. 2001

Residence VIA COLLINA DEL VALLE
MONTE ARGENTARIO (GR) ITA
City State or Country

Citizenship ITALIANA

Post Office Address:

LUNGOTEVERE MELLINI 39

Street Address
ROMA State or Country Zip Code 00193

City State or Country Zip Code

SIXTH JOINT INVENTOR (IF ANY)

Full Name Antonella
First Middle Marchetti Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address: _____

Street Address _____

City State or Country Zip Code

THIRD JOINT INVENTOR (IF ANY)

Full Name Konrad Koehler
First Middle Last

Signature _____

Date _____

Residence _____
City _____ State or Country _____

Citizenship _____

Post Office Address:

Street Address _____

City _____ State or Country _____ Zip Code _____

FOURTH JOINT INVENTOR (IF ANY)

Full Name Jesus Ontoria
First Middle Last

Signature _____

Date _____

Residence _____
City _____ State or Country _____

Citizenship _____

Post Office Address:

Street Address _____

City _____ State or Country _____ Zip Code _____

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Full Name Marco Poma
First Middle Last

Signature _____

Date _____

Residence _____
City _____ State or Country _____

Citizenship _____

Post Office Address:

Street Address _____

City _____ State or Country _____ Zip Code _____

60 SIXTH JOINT INVENTOR (IF ANY)

Full Name Antonella Marchetti
First Middle Last

Signature Antonella Marchetti

Date 19-02-2001

Residence _____
City _____ State or Country _____ ITALY ITX

Citizenship ITALIAN

Post Office Address:

V. TAGLIANI 15

Street Address _____

CASCIA (PG) ITALY 06043

City _____ State or Country _____ Zip Code _____